

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>MR. JOHN RICHARD JAE,</b>	COURT CASE NUMBER <b>CV-00-1534</b>
DEFENDANT <b>WEXFORD HEALTHCARE SERVICES, Inc.</b>	TYPE OF PROCESS <b>SAC</b>
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Wexford Health Care Services, Inc., 381-Camp Hill</b>
<b>AT</b>	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>Health Care Unit, 2500 Litchburn Road, Camp Hill, PA 17001-0200</b>
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	
<b>MR. JOHN RICHARD JAE,</b> <b>#BQ-3219</b> <b>381-Camp Hill</b> <b>P.O. BOX 200</b> <b>Camp Hill, PA 17001-0200</b>	
Number of process to be served with this Form - 285	<b>2</b>
Number of parties to be served in this case	<b>1</b>
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Serve only Between the Hours of **8:00 AM - 4:00 PM**  
**Monday - Friday**  
**SCRANTON**

SEP 19 2000

Signature of Attorney or other Originator requesting service on behalf of:

(S) *John Richard Jae*

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

PER

DEPUTY CLERK

DATE

8-17-00

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <b>67</b>	District to Serve No. <b>67</b>	Signature of Authorized USMS Deputy or Clerk <b>J. Lanelle</b>	Date <b>9/11/00</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

**Wexford**  
**381. Mansfield Ave., Suite 205**  
**Pittsburgh, PA 15220**

Date of Service  
**9/14/00**  
 Time  
 am  
 pm

Signature of U.S. Marshal or Deputy

**J. Lanelle**

Service Fee <b>8.00</b>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <b>8.00</b>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

# WAIVER OF SERVICE OF SUMMONS

TO: John Richard Jae  
 (Name of plaintiff's attorney or pro se plaintiff)

I acknowledge receipt of your request that I waive service of a summons in the action  
 of Jae VS Wexford, which is case number 00-1534 in the

United States District Court for the Middle District of Pennsylvania. I have also received a copy of the complaint in the action, two copies of this instrument and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgement may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after 9-11-00 (date request was sent), or within 90 days after that date if the request was sent outside the United States.

September 14, 2000  
 DATE

Christine R. Byler  
 SIGNATURE

Printed/typed name: Christine R. Byler

Title if any: Nurse/Paralegal

Address of Person signing: Wexford Health Sources, Inc.  
381 Mansfield Ave. Suite 205  
Pittsburgh, PA 15220

Party you represent: Wexford Health Sources, Inc.

AO 440 (Rev. 10/93) Summons in a Civil Action

# United States District Court

MIDDLE

DISTRICT OF

PENNSYLVANIA

JOHN RICHARD JAE  
Plaintiff

## SUMMONS IN A CIVIL CASE

**V.**  
WENFORD HEALTH SERVICES, INC.,  
Defendant

CASE NUMBER: 1:00-CV-1534  
Judge Rambo  
Mag. Judge Smyser

TO: (Name and address of defendant)

(see complt.)

**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

John Richard Jae  
SCI-CH  
P.O.Box 200  
Camp Hill, Pa. 17011

an answer to the complaint which is herewith served upon you, within (20) Twenty days after service of the summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Mary E. D'Andrea  
CLERK

September 8, 2000  
DATE

*George T. Gardner*  
(BY) DEPUTY CLERK George T. Gardner